

**FORM LM-30**  
**LABOR ORGANIZATION OFFICER AND**  
**EMPLOYEE REPORT**

This report is mandatory under P.L. 98-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: U - <u>7332</u>	2. Fiscal Year Covered From: <input type="text"/> / <input type="text"/> / <input type="text"/> 2004 Through: <input type="text"/> / <input type="text"/> / <input type="text"/> 2004		
3. Name and address of person filing.			
Name: <input type="text"/> Elizabeth	<input checked="" type="radio"/> Waid		
P.O. Box, Bldg., Room No., if any: <input type="text"/>			
Street: <input type="text"/> 369 Sycamore Ridge Way	Street: <input type="text"/> 226 East Broad Street		
City: <input type="text"/> Gahanna	City: <input type="text"/> Columbus		
State: <input type="text"/> Ohio	ZIP Code + 4: <input type="text"/> 43230	State: <input type="text"/> Ohio	ZIP Code + 4: <input type="text"/> 43216
5. Position in labor organization: <input type="text"/> Assistant Executive Director - MS			

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	7.a. Nature of interest, Transaction, or Income. <input type="text"/>
6. Name and address of Employer (including trade name, if any).	7.b. Amount. <input type="text"/>
Name: <input type="text"/>	
Trade Name, if any: <input type="text"/>	
P.O. Box, Bldg., Room No., if any: <input type="text"/>	
Street: <input type="text"/>	
City: <input type="text"/>	
State: <input type="text"/> ZIP Code + 4: <input type="text"/>	

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Elizabeth O'Ward

On

8/12/05

Date

614 227-3077

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street: City: State:  ZIP Code + 4: 

## 9. Business deals with:

- a. Labor Organization
- b. Trust
- c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name: Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street: City: State:  ZIP Code + 4: 

## 11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing. 

## 12.a. Nature of Interest held or income received.

12.b. Amount. 

## C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name: Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street: City: State:  ZIP Code + 4: 

## 14.a. Nature of payment.

14.b. Amount of payment. 13.b. Is the Business an Employer  or Consultant  ?

**Part C Continuation Page**

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name: \_\_\_\_\_

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP Code + 4: \_\_\_\_\_

13.b. Is the Business an Employer  or Consultant  ?

14.a. Nature of payment.

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**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name: \_\_\_\_\_

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP Code + 4: \_\_\_\_\_

13.b. Is the Business an Employer  or Consultant  ?

14.a. Nature of payment.

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**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name: \_\_\_\_\_

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP Code + 4: \_\_\_\_\_

13.b. Is the Business an Employer  or Consultant  ?

14.a. Nature of payment.

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Elizabeth O. Waid

LM-30 form

File No. 512-490

Attachment

2004 Report

8. Cloppert, Latanick, Sauter & Washburn, 225 East Broad Street – 4<sup>th</sup> Floor, Columbus, OH 43215  
Kalmiz, Iorio & Feldstein, PO Box 352170, Toledo OH 43635-2170
- 11a. In the ordinary course of business, the Ohio Education Association retains the law firms of Cloppert, Latanick, Sauter & Washburn and Kalmiz, Iorio and Feldstein to provide representation to the OEA and its members. The OEA maintains its primary checking account through Bank One.
- 11b. Legal fees received by Cloppert, Latanick, Sauter & Washburn from January 1 through December 31, 2004 for legal services provided to the OEA: \$1,269,104.65.  
Legal fees received by Kalmiz, Iorio & Feldstein from January 1 through December 31, 2004 for legal services provided to the OEA: \$396,598.10.
- 12a&b. I received from Cloppert, Latanick, Sauter & Washburn meals on April 2, 2004, value \$27.55; June 3, 2004, value \$49.00; and October 4, 2004, value \$43.82.  
I received from Kalmiz, Iorio & Feldstein tickets to a Toledo Mud Hens baseball game, value \$34.99.